MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08622

8617

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata (rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) T (Last) BERRY

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 19 55

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: May 7 1881
9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10B. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Charles Co Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Berry
14. MOTHER'S MAIDEN NAME: Mary Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: William W Berry La Plata Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertension — 10 yrs
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Sept, 19 55, to 17 Sept, 19 55, that I last saw the deceased alive on 17 Sept, 19 55, and that death occurred at 6 30 P M, from the causes and on the date stated above.
SIGNATURE Frederick M. Johnson M.D. ADDRESS La Plata Md. DATE SIGNED 18 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Sept 20 55
NAME OF CEMETERY OR CREMATORY: Mt Rest Cemetery
LOCATION (City, town, or county) (State): La Plata Md

DATE REC'D BY LOCAL REGISTRAR: 9/21/55
REGISTRAR'S SIGNATURE: Julia H Posey
24. FUNERAL DIRECTOR: Hoff Funeral Home
ADDRESS: Waldorf

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8618

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08623

Reg. Dist. No. 100

Item 9, FilmG186 9-14-55 et

1. PLACE OF DEATH — COUNTY: Charles — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata, Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bryantown
STREET ADDRESS (If rural, give location): R 1

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) (Last) Cooksey

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-18-1889

9. AGE last birthday: 66 yrs. 2 mo. 17 da.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alphous Murphy

14. MOTHER'S MAIDEN NAME: Mary Padgett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Samuel Cooksey Bryantown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 9-2-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 1953

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953, to 9-2-55, that I last saw the deceased alive on 9-2 1955, and that death occurred at 10A m., from the causes and on the date stated above.

SIGNATURE: E. Rhelen (Degree or title) M.D. ADDRESS: LaPlata Md DATE SIGNED: 9-2-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 5 1955 — NAME OF CEMETERY OR CREMATORY: Mt Rest — LOCATION (City, town, or county) (State): LaPlata, Md

DATE RECD BY LOCAL REG.: 9/5/55 — REGISTRAR'S SIGNATURE: Julia A Posey

24. FUNERAL DIRECTOR / ADDRESS: Waldorf, Md
Hunter + Ryon

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8619

08624 Reg. Dist.

Items 18 Film G166 10-20-55 am

&22 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Waldorf, (rural)
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waldorf, Md. (Home)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Waldorf (rural) X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (First) JAMES (Middle) D. (Last) DUCKETT

4. DATE OF DEATH (Month) (Day) (Year) Sept. 12 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 12 1955

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 2 mo. Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Sidney Duckett

14. MOTHER'S MAIDEN NAME: Essie Lyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Sidney Duckett, Waldprf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Interstitial pneumonitis; — Interval between onset and death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 9/13/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial **DATE THEREOF** Sept. 14 1955 **NAME OF CEMETERY OR CREMATORY** St. Peters Cemetery **LOCATION** (City, town, or county) Waldorf, Md. (State)

DATE REC'D BY LOCAL REG. Sept 13-1955 REGISTRAR'S SIGNATURE M. L. Monroe

24. FUNERAL DIRECTOR Huntt Funeral Home ADDRESS Waldorf, Md.

9 75 99V 99V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8620

CERTIFICATE OF DEATH

08625

Reg. Dist. No. 170

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penn COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester 75 X-3
STREET ADDRESS (If rural give location) 117 Ramsey Av.

3. NAME OF DECEASED: (Type or Print) (First) Sandra (Middle) (Last) Hilton

4. DATE OF DEATH: (Month) Sept (Day) 3 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH:
9. AGE last birthday: about 5 yrs. IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samual Hilton
14. MOTHER'S MAIDEN NAME: Nellie Hilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825 X
IMMEDIATE CAUSE (A) Cerebral injury — INTERVAL BETWEEN ONSET AND DEATH: 20 MIN.
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) auto accident
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR (City or town) La Plata (County) Waldorf Chas. (State) Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3 Sept 55 9 P.M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? auto accident

22. I hereby certify that I attended the deceased from —, 19..., to —, 19..., that I last saw the deceased alive on —, 19..., and that death occurred at 7 P.M., from the causes and on the date stated above.
SIGNATURE J. P. Johnson M. D. ADDRESS La Plata DATE SIGNED Sept 3 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF Sept. 5, 1955 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Clarksville, Del
DATE REC'D BY LOCAL REGISTRAR 9/5/55 — REGISTRAR'S SIGNATURE Julia A Carey
24. FUNERAL DIRECTOR Hunt & Ryon — ADDRESS Waldorf, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

08626

8621

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf
LENGTH OF STAY (in this place): 6yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) (Last) HITE

4. DATE OF DEATH: (Month) Sept. (Day) 7 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-27-13

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ernest Hite

14. MOTHER'S MAIDEN NAME: Ida Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-01-4980

17. INFORMANT AND ADDRESS: Ernest Hite, 1620 N. Warwick Ave. Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7845

Immediate cause (e) Hemorrhage from Stomach — Interval between onset and death: 9-7-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Malignant
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: H. Helen MD (Degree or title) ADDRESS: La Plata Md DATE SIGNED: 9-7-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 9-7-55
NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Park
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 9-7-55
REGISTRAR'S SIGNATURE: M. L. Mowers

24. FUNERAL DIRECTOR: Huntt & Ryon ADDRESS: Waldorf, Md.

VS. A15A

8622

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08627

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colt Island
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colt Island
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Adelaide (Middle) Rudd (Last) Jenkins

4. DATE OF DEATH: (Month) Sept (Day) 8 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W.

8. DATE OF BIRTH: 7-7-1876

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: James P. Howe

14. MOTHER'S MAIDEN NAME: Catherine Rudd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Margaret Norris - Colt Island, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Cerebral vascular accident	1 hour.
ANTECEDENT CAUSES (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	Arteriosclerosis, generalized.	4 years.
(C)	Cardio-renal disease	6 years.

4424

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1947, to Sept, 1955, that I last saw the deceased alive on 8 Sept, 1955, and that death occurred at 5:35 P.M., from the causes and on the date stated above.

SIGNATURE J. Woodall, M.D. ADDRESS La Plata. DATE SIGNED 9 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/12/55 | NAME OF CEMETERY OR CREMATORY Sacred Heart | LOCATION (City, town, or county) (State) La Plata, Md.

DATE REC'D BY LOCAL REGISTRAR 9/9/55 | REGISTRAR'S SIGNATURE Julia H. Casey | 24. FUNERAL DIRECTOR ADDRESS Calhoun Funeral Home, La Plata, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08628

8623

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Pomfret
LENGTH OF STAY (in this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Phyllis (Middle) Yvonne (Last) Johnson

4. DATE OF DEATH: (Month) Sept (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 4 1955

9. AGE last birthday: yrs. 5 — IF UNDER 1 YEAR: Months 5, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Francis Leroy Johnson

14. MOTHER'S MAIDEN NAME: Eleanor Ware

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: U.S. Francis L. Johnson Pomfret.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

571.0 **Immediate cause** (a) Enteritis acute severe — Interval Between Onset and Death: 1 day

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Malnutrition — 3 months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/12, 1955, to 9/22, 1955, that I last saw the deceased alive on 9/22, 1955, and that death occurred at 1.30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Francis G Besson Lt. M.S. Indian Head Md 9-22-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9/24/55

NAME OF CEMETERY OR CREMATORY St. Mary's Catholic

LOCATION (City, town, or county) (State) Pomfret Md

DATE REC'D BY LOCAL REG. 9-26-55

REGISTRAR'S SIGNATURE M. L. Mower

24. FUNERAL DIRECTOR Hamilton Ryon ADDRESS Waldorf Md

9V459V99V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08629

CERTIFICATE OF DEATH

8624 Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata
LENGTH OF STAY (in this place) 3hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles Co
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) White Plains
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) (Last) LANHAM

4. DATE OF DEATH: (Month) SEPT (Day) 30 (Year) 1955

5. SEX: male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: 13-18-1892 | 9. AGE last birthday 62 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Smith | 10B. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Gun yes | 11. BIRTHPLACE (State or foreign country): Washington DC | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Lanham

14. MOTHER'S MAIDEN NAME: Mary Beach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-03-1525

17. INFORMANT & ADDRESS: Grace Lanham wife White Plains Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7½ hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary artery disease — 3 mos.

DUE TO (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1948, to 30 Sept, 1955, that I last saw the deceased alive on 30 Sept, 1955, and that death occurred at 12:50 AM, from the causes and on the date stated above.

SIGNATURE J Woodley M.D. M.D. | ADDRESS La Plata Md. | DATE SIGNED 30 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/3/55 | NAME OF CEMETERY OR CREMATORY Geo. Washington Mem. Park | LOCATION (City, town, or county) (State) Hyattsville Md

DATE REC'D BY LOCAL REGISTRAR 9/30/55 | REGISTRAR'S SIGNATURE Julia H Casey

24. FUNERAL DIRECTOR W W Chambers & Co | ADDRESS 5-7-11 at-St

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

08630

8625

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laplata md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians mem Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian head md.
STREET ADDRESS (If rural, give location) 11 Cagwell St.

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) L (Last) Moye

4. DATE OF DEATH: (Month) Sept. 30 (Day) (Year) 19 55

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: may 16 1912

9. AGE last birthday: 43 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Non Pay

11. BIRTHPLACE (State or foreign country): md. (Pisgar)

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Arthur Murphy.

14. MOTHER'S MAIDEN NAME: Mary C Combs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Ollie L Moye. Indian head md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X

Immediate cause (a) Uremia — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Glomerulo Nefritis — DUE TO

(c) Diabetes

INTERVAL BETWEEN ONSET AND DEATH: 9-28-55

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30-55, 19..., to 9-30-55, 19..., that I last saw the deceased alive on 9-30-55, 19..., and that death occurred at 8:00 m., from the causes and on the date stated above.

SIGNATURE E Edelen (DEGREE OR TITLE) MD ADDRESS Laplata Md DATE SIGNED 9-30-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10/3/55 — NAME OF CEMETERY OR CREMATORY St. Charles — LOCATION (City, town, or county) (State) Glymont, Md

DATE RECEIVED BY LOCAL REG. 10/2/55 — REGISTRAR'S SIGNATURE Julia H Vaney

24. FUNERAL DIRECTOR Ruhart Funeral Home — ADDRESS LaPlata, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

8626

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08631

Reg. Dist. No. 100

Item 8, FilmG187 9-28-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Charles — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X La Plata

LENGTH OF STAY (in this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 66 Physician Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Fla. COUNTY: Pinellas

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St Petersburg 48x-3

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) George (Middle) V (Last) Nevin

4. DATE OF DEATH: (Month) Sept (Day) 10 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 27 1876

9. AGE last birthday: 78 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: RR

11. BIRTHPLACE (State or foreign country): Ill

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Mathias Nevin

14. MOTHER'S MAIDEN NAME: Mary Newland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Hemorrhage, massive	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Gastro intestinal bleeding	3 days
	DUE TO (c)		

578X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Sept., 1955, to 10 Sept 1955, that I last saw the deceased alive on 10 Sept., 1955, and that death occurred at 4:10 A.m., from the causes and on the date stated above.

SIGNATURE: S D Woodd (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 10 Sept 55

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 9-12-55

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): Winstead, Conn.

DATE REC'D BY LOCAL REG.: 9/12/55

REGISTRAR'S SIGNATURE: Jolen H. Posey

24. FUNERAL DIRECTOR ADDRESS: Hontt + Ryon Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08632

CERTIFICATE OF DEATH

8627 Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pamfret X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) CHARLIE (Middle) (Last) PRYOR

4. DATE OF DEATH: (Month) Sept (Day) 22 (Year) 1955.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	C.	W.	Aug 17, 1877	78 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction	Md	US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Emily Pryor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No			Mary Brown, Pisgah, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cerebral vascular accident. — 10 days

DUE TO (C) Arteriosclerosis, senility — 3 years +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0—		YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
— M.		

22. I hereby certify that I attended the deceased from January, 1955, to Sept, 1955, that I last saw the deceased alive on 22 Sept, 1955, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE S Woodley M.D. ADDRESS La Plata Md. DATE SIGNED 22 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9/26/55	St. Joseph	Pamfret, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/23/55	Julia H Carey	Penny & Lofer.	Means Spring.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08633

CERTIFICATE OF DEATH

8628 Reg. Dist. No. 10

1. PLACE OF DEATH:

COUNTY CHARLES MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRYANTOWN (RURAL) X

~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS STATE ROUTE #488

LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY CHARLES

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRYANTOWN (RURAL) X

STREET ADDRESS (If rural, give location) STATE ROUTE #488

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
ANDREW JOHNSON QUADE	SEPTEMBER 18 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	W-U.S.	MARRIED	MAY 21, 1888	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
FARMER (RETIRED)	FARMING	MARYLAND	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
EMMANUEL QUADE	LUCY (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	—	NONE	JOSEPH LANCASTER QUADE HUGHESVILLE, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 443X	(a) HYPERTENSIVE CARDIO-VASCULAR DISEASE	5 YEARS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) CEREBRAL THROMBOSIS, LEFT DUE TO	2 YEARS
	(c) GENERALIZED ARTERIO-SCLEROSIS	5 YEARS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
NONE	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— — — M.		

22. I hereby certify that I attended the deceased from JANUARY, 1948, to SEPTEMBER 1955, that I last saw the deceased alive on SEPTEMBER 16 1955, and that death occurred at 8:00 P.M. EST, from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
John N. Griffin	M.D.	Hughesville Md.	9/20/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 21 1955	St Mary's	Bryantown Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9 20 55	Mrs. F. Wills Posey	The Hunt Funeral Home	Waldorf, Md

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08634

8629

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Charles MARYLAND Md; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Php Mem Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Welcome; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Donnie (Middle) M (Last) Shorter

4. DATE OF DEATH: (Month) Sept (Day) 4 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 30, 55

9. AGE last birthday yrs. IF UNDER 1 YEAR: Months 3 Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John M Shorter

14. MOTHER'S MAIDEN NAME: Shirley A Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Shirley A Gray Welcome, Md Mrs Chandler

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.0 IMMEDIATE CAUSE (A) Hepatitis — INTERVAL BETWEEN ONSET AND DEATH 8-29-55

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29, 55, to ....., 19....., that I last saw the deceased alive on 9-4, 1955, and that death occurred at 3 M, from the causes and on the date stated above.

SIGNATURE C. Edelen M. D. ADDRESS La Plata DATE SIGNED 9-4-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF Sept 7 55; NAME OF CEMETERY OR CREMATORY St Catherines; LOCATION (City, town, or county) (State) Mt Chanchie Md

DATE REC'D BY LOCAL REGISTRAR 9/7/55; REGISTRAR'S SIGNATURE Julia Hobsey

24. FUNERAL DIRECTOR Orchard Funeral Home ADDRESS La Plata

2165192383

MARYLAND STATE DEPARTMENT OF HEALTH

08635

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

8630

Reg. Dist. No. 400

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X White Plains
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 400 m St DC COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC 47X-3
STREET ADDRESS (If rural, give location) 400 m St SE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Margaret	Smith	9	12	19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	Sept 8 98	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Restaurant Operator		Washington DC	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Bertrum	Mary Margaret MacGraw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		William Franklin Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
816X Immediate cause	(a) Cerebral hemorrhage	9-12-55
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Compound fractures of left side	9-12-55
	(c) Face and Skull	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Compound fracture femur & humerus Lt	9-12-55

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	White Plains	Chas	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
9	12	55	11 a.m.			Two car collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Edelen	M.D.	La Plata Md	9-13-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	9/13/55		Washington	DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/13/55	Julia H Sneary	Burkart Funeral Home Inc	La Plata Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8631

CERTIFICATE OF DEATH

08636

Reg. Dist. No. 180

1. PLACE OF DEATH: Bryantown
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED: St. Marys
STATE Chestertown COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mayflower 16X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Leslie (Middle) Mitchell (Last) Socks

4. DATE OF DEATH: (Month) Sept (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 26/52

9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Thomas

14. MOTHER'S MAIDEN NAME: Socks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: No

18. MEDICAL CERTIFICATION

Interval Between Onset And Death

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

492X

Immediate cause (a) Broncho Pneumonia

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 3, 1955, to Sept 3, 1955, that I last saw the deceased alive on Sept 3, 1955, and that death occurred at 11:30 Hrs from the causes and on the date stated above.

SIGNATURE Harry C. Cohen (Degree or title) M.D. ADDRESS Bryantown DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 5, 1955
NAME OF CEMETERY OR CREMATORY St Marys
LOCATION (City, town, or county) Bryantown (State) Md

DATE REC'D BY LOCAL REGISTRAR 9/5/55

REGISTRAR'S SIGNATURE Julia H Gasey

24. FUNERAL DIRECTOR Arnett & Ryon ADDRESS Waldorf, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08637

8632

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LaPlata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physician's Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bryans Road X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) SWANN

4. DATE OF DEATH: (Month) 9 (Day) 30 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S

8. DATE OF BIRTH: 9-20-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3Hr Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Cecil Swann

14. MOTHER'S MAIDEN NAME: Ruth Matilda Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	776X	
ANTECEDENT CAUSE (S)	DUE TO	Prematurity 6 Days	3 Hours
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO		
	(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20, 1955 to 9-20-55 19, that I last saw the deceased alive on 9-20, 1955, and that death occurred at 1255 M, from the causes and on the date stated above.

SIGNATURE John E. Downs M.D. ADDRESS DATE SIGNED 9-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/21/55	Family Plot	Bryans Road, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/21/55	Julia H Posey	Daniel A. Thompson	Bryans Rd. Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

2095537X281

08638

8633

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Waldorf — LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf — X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	Roy	THOMPSON	9	19	55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C		2-27-15	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Bel Alton Chas	U.S. USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm Adrian Thompson	Lena Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	577-24-2647	Frances Irene Thompson wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — 9-14-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C Redden	MD	LaPlata Md	9-16-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 21, 1955	St Peters	Waldorf Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-20-55	M. L. Maxwell	The Hewitt Funeral Home	Waldorf, Md

VS. A15A

8634

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08639

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: Phy. Mem Hos
COUNTY Chas Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Newburg
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (First) (Middle) (Last) Washington

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 9-21-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 6 Min. 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Washington

14. MOTHER'S MAIDEN NAME: Estella Faulkner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Newburg Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 9-21-55

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Prematurity (38 wk) wt 2# 7oz

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21, 1955, to 9-21, 1955, that I last saw the deceased alive on 9-21, 1955, and that death occurred at 1:40 M, from the causes and on the date stated above.

SIGNATURE E. Fendelow M. D. ADDRESS La Plata Md DATE SIGNED 9-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9/22/55 — NAME OF CEMETERY OR CREMATORY Rhodes — LOCATION (City, town, or county) (State) Waysde, Md.

DATE REC'D BY LOCAL REGISTRAR 9/21/55 — REGISTRAR'S SIGNATURE Julia H Posey

24. FUNERAL DIRECTOR Burke Rhodes ADDRESS Waysde, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

10951512 92

Cold albumin-5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8635

08640

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine, (Rural nr. Waldorf) X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) Arabella (Last) (Gibbons) Watson

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 30, 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: July 26, 1872

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Richard Gibbons

14. MOTHER'S MAIDEN NAME: Margaret Ann Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If no

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. W. C. Watson, Rt.1, Box 124, Brandywine, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 9-29-55

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertension — 1955

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-24, 1955 to 9-30, 1955, that I last saw the deceased alive on 9-30, 1955, and that death occurred at 1:30 P M, from the causes and on the date stated above.

SIGNATURE E. J. Edelen M. D. ADDRESS La Plata, Md. DATE SIGNED 9-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct 3, 1955 — NAME OF CEMETERY OR CREMATORY St. Marys — LOCATION (City, town, or county) (State) Aquasco Md

DATE REC'D BY LOCAL REGISTRAR 10/3/55 — REGISTRAR'S SIGNATURE Julia H Casey

24. FUNERAL DIRECTOR The Heath Funeral Home — ADDRESS Waldorf Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08641

8636

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LaPlata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Victoria X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) PHYLLIS (Middle) Marie (Last) WELLS

4. DATE OF DEATH: (Month) SEPT (Day) 30 (Year) 1955

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: July 21, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 2½ Days — IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U S.

13. FATHER'S NAME: Robert Philmore Wells

14. MOTHER'S MAIDEN NAME: Margaret Cecelia Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Margaret Barnes, Mt. Victoria

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 X

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Sept, 1955, to 30 Sept 1955, that I last saw the deceased alive on 29 Sept, 1955, and that death occurred at 4:20 A.M, from the causes and on the date stated above.

SIGNATURE Frederick M Johnson M. D. ADDRESS La Plata, Md. DATE SIGNED 30 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-1-55 — NAME OF CEMETERY OR CREMATORY Holy Ghost — LOCATION (City, town, or county) (State) Issue, Md

DATE REC'D BY LOCAL REGISTRAR 9/30/55 — REGISTRAR'S SIGNATURE Julia H Casey

24. FUNERAL DIRECTOR Herbert Funeral Home — ADDRESS La Plata, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

10752884 46

8637

08642

22 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

Items 16&21 Film G187 10-6-55 ams

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 105

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY Suffolk
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Revere
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) RITA (Middle) DELORES (Last) WHITE

4. DATE OF DEATH (Month) 9/15 (Day) (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1922

9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): clerk

10b. KIND OF BUSINESS OR INDUSTRY: Dry goods

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Ryan

14. MOTHER'S MAIDEN NAME: Catherine Crothy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Helen Feney 276 Endicott Ave Revere, Mass

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

936.5
Immediate cause (a) Multiple traumatic injuries
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: /

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY highway #3

21c. (City or town) Waldorf (County) Charles (State) Md.

21d. TIME OF INJURY (Month) 9/15/55 (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Found lying in road

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE Paul Green M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 9-17-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9/24/55 | NAME OF CEMETERY OR CREMATORY St Pauls Cemetery | LOCATION (City, town, or county) (State) Waldorf, Md

DATE REC'D BY LOCAL REG. 9-24-55 | REGISTRAR'S SIGNATURE W. D. Monroe | **24. FUNERAL DIRECTOR** Hewitt Funeral Home | ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

08643

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8638

CERTIFICATE OF DEATH

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf — X
STREET ADDRESS (If rural, give location) Woodland Acres

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) F. (Last) WILSON
4. DATE OF DEATH: (Month) SEPT (Day) 1 (Year) 1955
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: June 22 1884
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Joshua Gibson
14. MOTHER'S MAIDEN NAME: ? Meade
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS: Raymond S Wilson Waldorf, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary occlusion — 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Angina Pectoris — 3 Mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sept 55 to 1 Sept 55, that I last saw the deceased alive on did not see alive, and that death occurred at 8 15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
F.M. Johnson M.D. — La Plata Md. — 1 Sept 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 3 1955 — NAME OF CEMETERY OR CREMATORY: Congressional Cemetery — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 9-3-55 — REGISTRAR'S SIGNATURE: D. L. Howard — 24. FUNERAL DIRECTOR: Hoxtt & Ryon — ADDRESS: Waldorf, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08644

8639

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LaPlata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Phy. Memo. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Point X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HERBERT (Middle) FRANCIS (Last) WISE

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1955.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 8-15-1896
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oysterman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rock Point Charles
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William L Wise
14. MOTHER'S MAIDEN NAME: Mary Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Grace M. Wise, Rock Point, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443X IMMEDIATE CAUSE	(A) Respiratory collapse.	6 hrs.
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Cerebral hemorrhage.	16 days.
DUE TO	(C) Hypertensive cardiac disease	3 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0—
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1950, to 11 Sept, 1955, that I last saw the deceased alive on 11 Sept, 1955, and that death occurred at 6:50 P M, from the causes and on the date stated above.

SIGNATURE L Brooddy M. D. ADDRESS La Plata. DATE SIGNED 11 Sept 55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/14/55
NAME OF CEMETERY OR CREMATORY Holy Ghost
LOCATION (City, town, or county) (State) Issue Md

DATE REC'D BY LOCAL REGISTRAR 9/13/55
REGISTRAR'S SIGNATURE Julia H Casey
24. FUNERAL DIRECTOR Orchard Funeral Home
ADDRESS La Plata Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08645

8640

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Phy. Mem. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) J (Last) Wright

4. DATE OF DEATH: (Month) Sept (Day) 19 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: March 30, 1879 | 9. AGE last birthday: 76 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charles Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James J Wright
14. MOTHER'S MAIDEN NAME: Mollie Cullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: James O. Wright Ironsides Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1
IMMEDIATE CAUSE (A) Acute Congestive Cardiac Failure — 5 DAYS
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Cardiovascular Disease — 2 YRS
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute Uremia — 30 DAYS

19A. DATE OF OPERATION: 9-9-55
19B. MAJOR FINDINGS OF OPERATION: Bilateral Indirect Inguinal Herniorrhaphy
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2-, 1955 to 9-19, 1955 that I last saw the deceased alive on 9-19, 1955, and that death occurred at 7:40 P.M. EST, from the causes and on the date stated above.
SIGNATURE J. Warren Jarboe M. D. ADDRESS La Plata, Md DATE SIGNED 9-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Sept 21, 55 | NAME OF CEMETERY OR CREMATORY: Marlboro | LOCATION (City, town, or county) (State): Marlboro Md.

DATE REC'D BY LOCAL REGISTRAR: 9/20/55 | REGISTRAR'S SIGNATURE: Julia A Posey | FUNERAL DIRECTOR: Cuckoo Funeral Home | ADDRESS: La Plata Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING